
HOLLERAN



Community Health Needs Assessment Final Report

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I. BACKGROUND

Hackettstown Regional Medical Center (HRMC) undertook a comprehensive community health needs assessment, beginning in June 2009. The purpose of the study was to gather current statistics and qualitative feedback on the key health issues facing service market residents. HRMC contracted with Holleran, a Lancaster, PA based research firm, to execute the various research components. The assessment was comprised of three research components:

- Secondary Data Profile (report completed October, 2009)
- Behavioral Risk Factor Surveillance System (BRFSS) Study (report completed March 17, 2010)
- Focus Groups (held April 4th and 5th, 2011)

This Final Report document outlines the summary of findings from the various research components, noting historical trends and comparisons, and elaborating upon the qualitative feedback provided during the focus groups. This is not meant to be a completely inclusive summary of each report, but rather an overview that highlights statistics worth noting within each report.

There are three sections within the report: Demographics, General Health, and Health Determinants. The Demographics section highlights specific statistics regarding the area of studies population such as race, age, etc. The General Health section reviews general health on a day to day basis and takes a deeper look into both men's and women's health pertaining to the HRMC service market. Finally, the Health Determinants section contains data about health statistics that influence the general health of a human. For example, tobacco use, prevalence of heart disease, and weight and exercise would be three of the factors considered when determining a person's overall health status.

Each subsection ends with an overview of Demographic Differences and Takeaways. The Demographic Differences highlight key statistically significant findings between demographic groups, such as Male vs. Female, Hispanic vs. White, etc. The Takeaways highlight the key trends and noteworthy findings that warrant further attention. If there is a difference between the household survey results and either the national or state comparison figure and the word "significant" is not explicitly used to describe the difference, assume the figures are not statistically significant and, therefore, essentially similar. If not otherwise stated, "respondents" will refer to those answering the 2009 BRFSS study conducted in the HRMC service market.

Following the conclusion of the community assessment work, HRMC gathered leaders from area healthcare, social service, and community organizations to review the research results and prioritize community health needs. A summary of the Prioritization Session is included at the end of this report.

II. DEMOGRAPHICS

A. POPULATION

The **population** in HRMC's service market is over 125,000 with a male to female ratio (49.2% to 50.8%) being very close to the state and national ratios as seen in Figure A1.

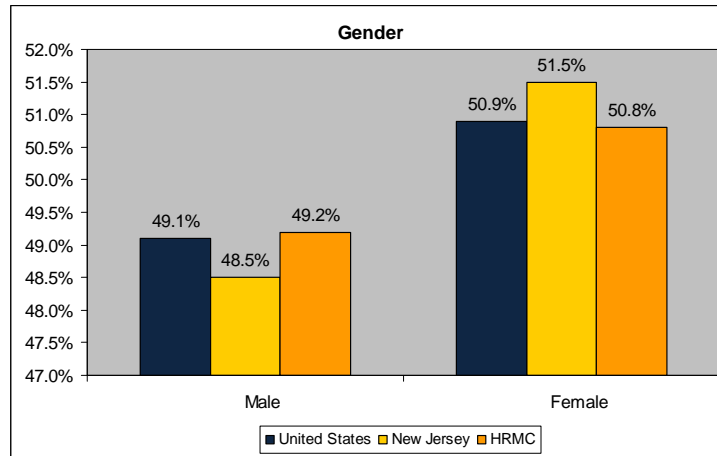


Figure A1: Gender breakdown for the United States, New Jersey, and HRMC

The **age breakdown** in HRMC's service market was very similar to the associated breakdowns in the New Jersey and the United States. The most notable difference was within the 65 years and older age group where 9.8% of HRMC service market's population was less than both the state and national percentages (13.2% and 12.4%, respectively). Figure A2 highlights comparisons between four major age brackets.

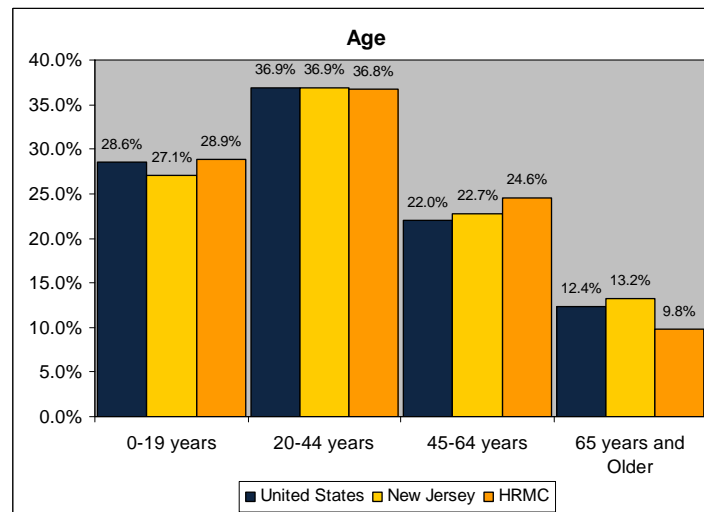


Figure A2: Age breakdown for the United States, New Jersey, and HRMC

The **disability status** of HRMC’s service market was compared to both the state and nation as shown in Figure A3. The most notable difference was within the population of 21-64 year olds, in which the service market’s percentage of disabled residents (12.3%) was less than both the state (17.4%) and national (19.2%) figures

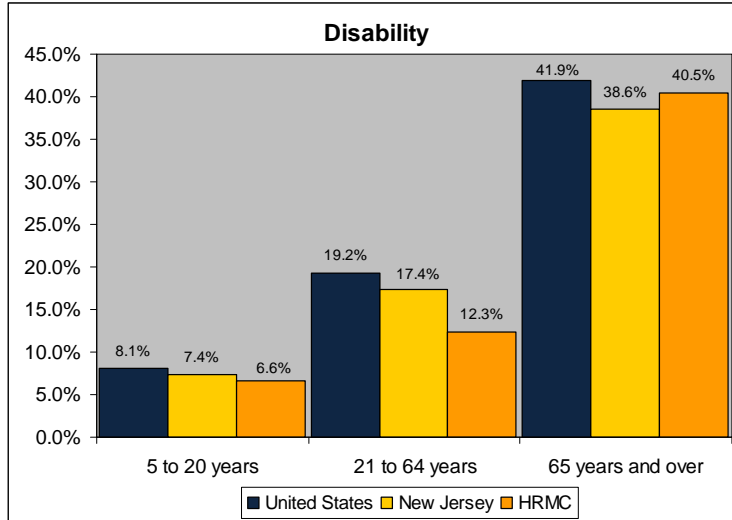


Figure A3: Percentage of subpopulations with disability for the United States, New Jersey, and HRMC

The **racial breakdown** of HRMC’s service market was primarily White (94.3%). The next largest population was the Hispanic or Latino race, at 4.0% of the population. According to Figure A4, the service market’s White population is higher than the national and state comparisons, and all other races are less than the figures from the state and national comparisons.

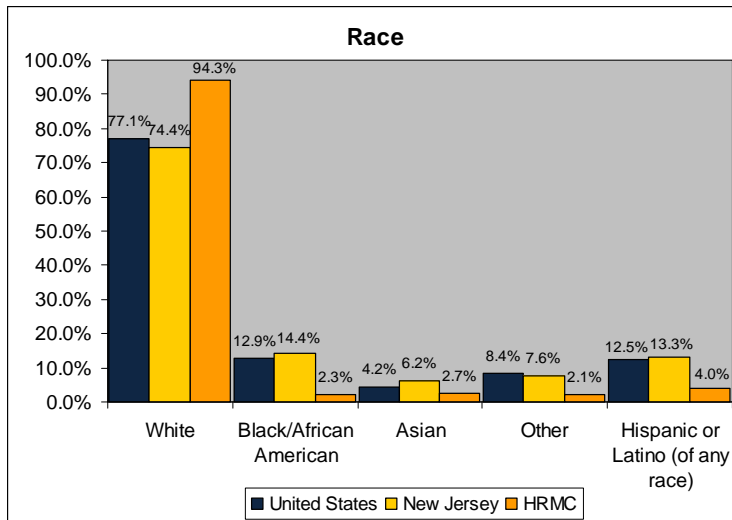


Figure A4: Race breakdown for the United States, New Jersey, and HRMC

The racial breakdown also provides a foundation for **language spoken at home** statistics. The percentage of the HRMC’s service market population speaking English only was 89.7%, which was notably higher than New Jersey and the nation (72.6% and 80.6%, respectively). The service market’s next highest percentage of language spoken at home was categorized as Other Indo-European languages (5.4%) compared to state and national percentages of 8.4% and 3.7%, respectively. While this percentage fell between national and state figures, it is interesting to note that the second highest percentage of language spoken at home for both the state and nation was Spanish (13.5% and 12.0%). The HRMC’s service market population reported 3.0% speaking Spanish at home.

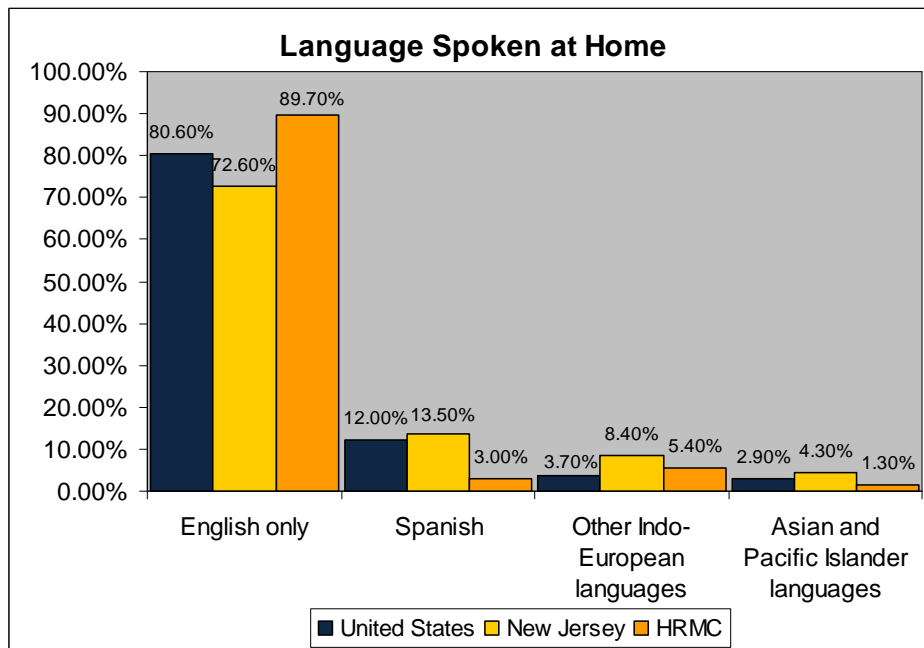


Figure A5: Language Spoken at Home breakdown for the United States, New Jersey, and HRMC

Regarding the **place of birth breakdown**, it is interesting to note that 91.3% of HRMC’s service market residents were born in the United States, which was a higher rate than that of New Jersey (80.1%) and the nation (87.7%). The percentage of service market residents born in their state of residence (64.1%) was also greater than both state (53.4%) and national (60.0%) figures. Additionally, the percentage of HRMC’s service market residents that were foreign born was 8.0% compared to state and national percentages, 17.5% and 11.1%, respectively.

B. HOUSEHOLD

The **household statistics** paint a picture of a service market comprised primarily of family households (73.7%) and married-couple families (62.6%); these figures were greater than state and national percentages. The percentage of households within HRMC's service market classified as Female householder, no husband present (7.7%) was less than state and national percentages. The percentage of households within the service market classified as non-family households (25.5%) was also less than state and national figures. Additionally, the percentage of households in the HRMC's service market with one or more people under 18 years old (39.8%) was greater than both the state and national comparisons and the same holds true for households with one or more people 65 years and over (19.2%). These household statistical comparisons are illustrated in Figures B1 and B2.

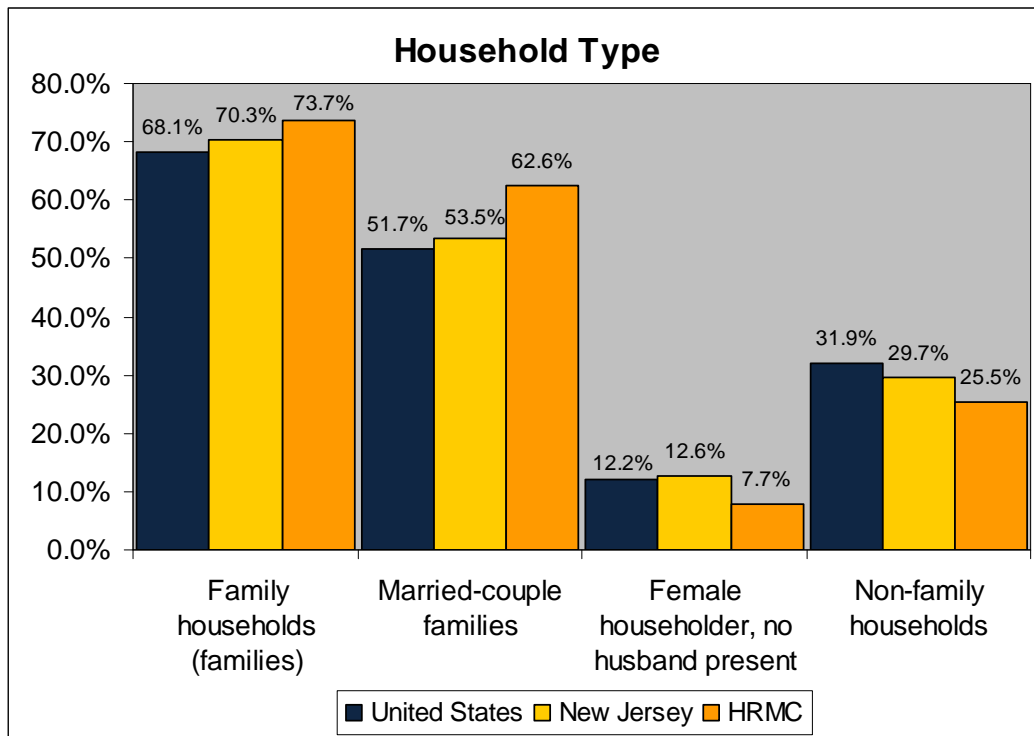


Figure B1: Household Type breakouts for the United States, New Jersey, and HRMC

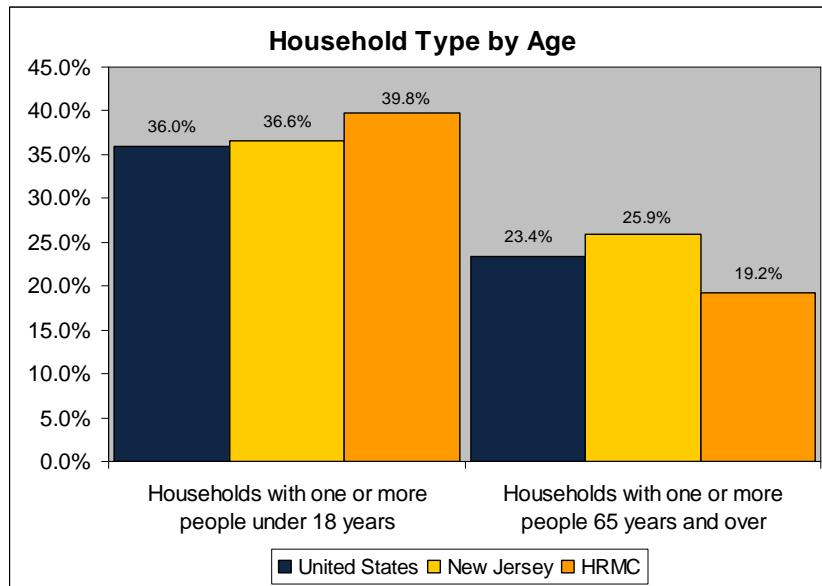


Figure B2: Household Type breakouts for the United States, New Jersey, and HRMC

Regarding the **marital status statistics**, HRMC’s service market population had a smaller percentage of people who have never been married (23.1%) compared to the state at 28.1% and the nation at 27.1%. The service market also had a higher percentage of people who were married, not separated (62.2%) compared to state (54.6%) and national (54.4%) percentages. There was also a notably smaller percentage of the Hackettstown population that was divorced (7.4%) than the national figure (9.7%). These marital status statistical comparisons are displayed in Figure B3.

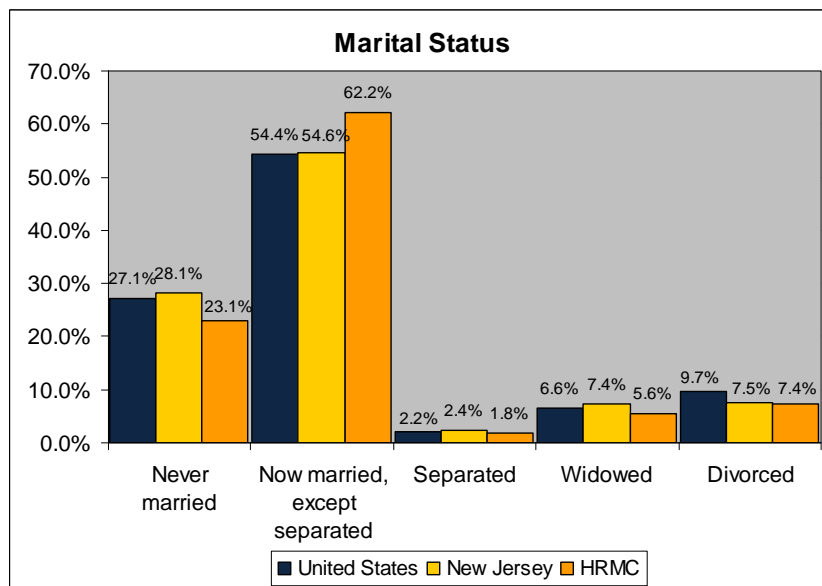


Figure B3: Marital Status statistics for the United States, New Jersey, and HRMC

When looking at **housing occupancy**, HRMC's service market consisted of nearly 44,000 occupied housing units, of which 73.5% were owner-occupied. This percentage was greater than state (65.6%) and national (66.2%) percentages.

In the household survey, respondents were asked whether they rented or owned their home or had some other arrangements, and 85.0% reported owning their own home. The percentages for each service market were very similar (84.6% of the primary service market respondents, and 84.4% of the secondary service market respondents).

It is interesting to note the difference among statistics for **house heating fuel**. In HRMC's service market there was a much smaller percentage of houses heated by gas (32.8%) than both state (66.8%) and national (51.2%) figures. Conversely, there was a much greater percentage of houses being heated by fuel oil, kerosene, etc. (49.1%) in the HRMC service market when compared to the state (19.4%) and national (9.0%) percentages. Additionally, the percentage of houses within the service market heated by electricity (11.0%) was less than the national (30.3%) percentage. As shown in Figure B4:

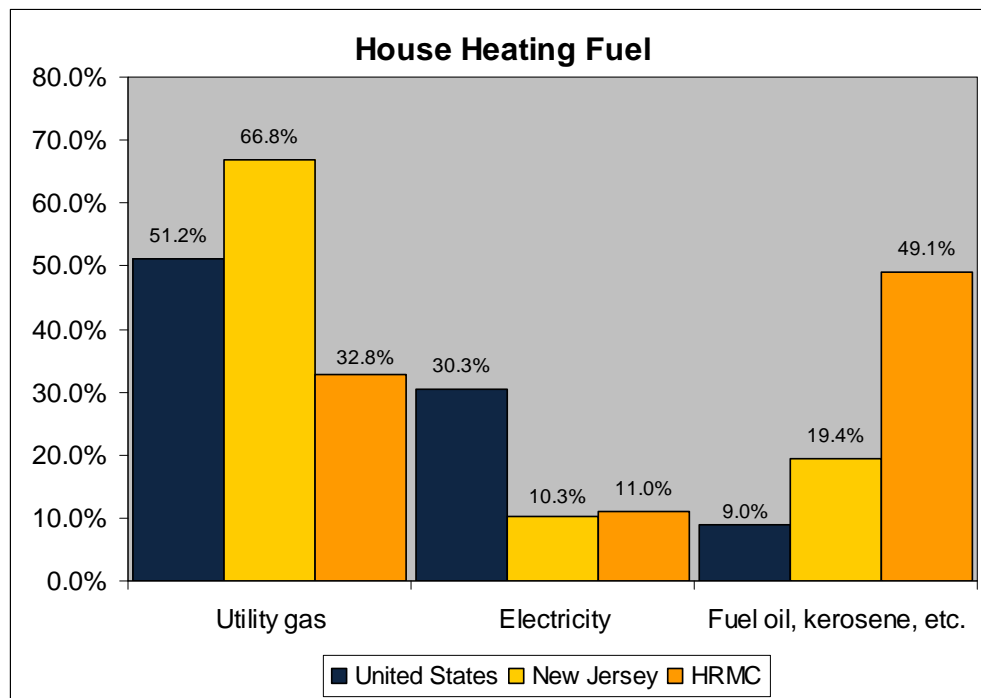


Figure B4: House Heating Fuel statistics for the United States, New Jersey, and HRMC

C. INCOME

The **income statistics** for HRMC's service market shown in Figure C1 illustrate that the median income per household, family, and capita were all greater than the state and national figures.

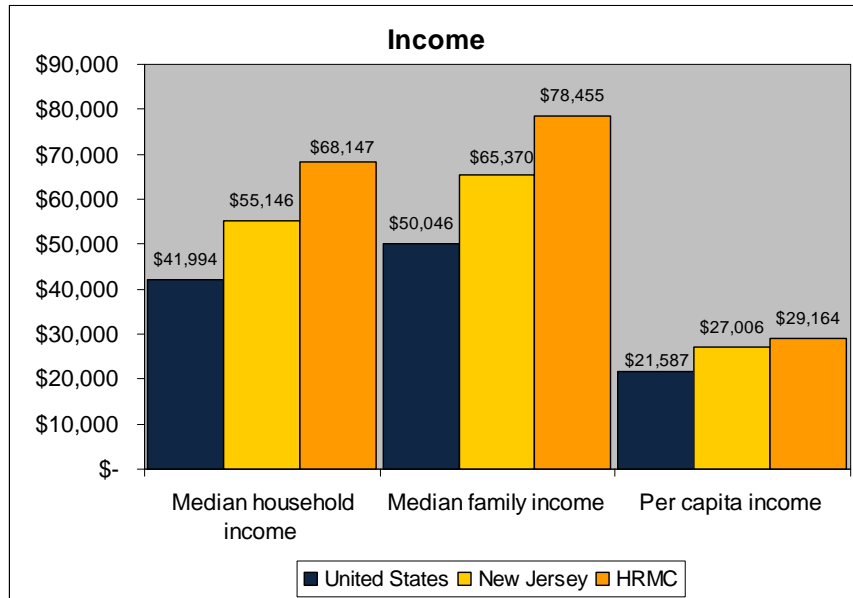


Figure C1: Median Income for the United States, New Jersey, and HRMC

When looking at male and female earnings (for year-round workers), the gap in median earnings for men and women within the service market was greater than the gap in the state and nation. The service market difference in median income was \$17,770. The difference in median income between males and females for New Jersey was \$13,287 and the United States was \$9,863. This difference is highlighted in Figure C2.

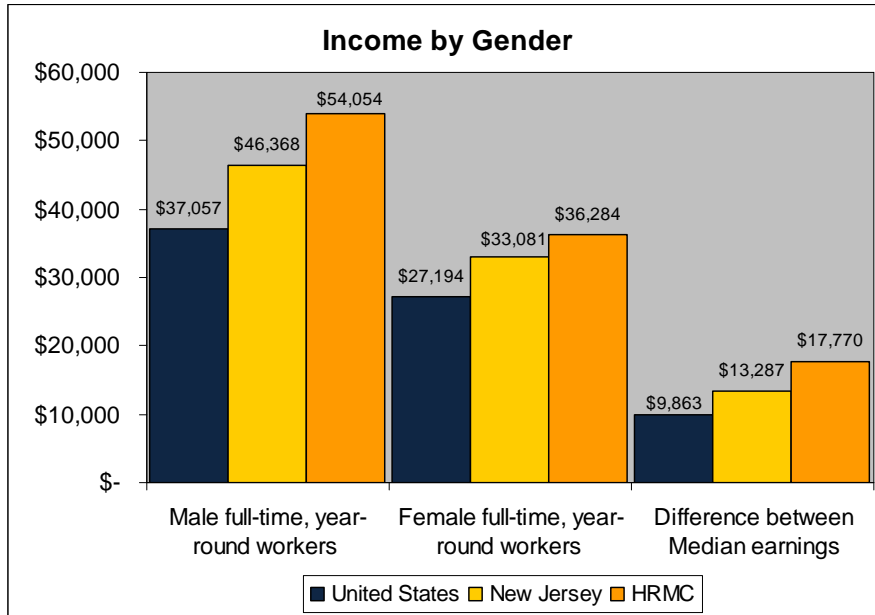


Figure C2: Median Income by Gender for the United States, New Jersey, and HRMC

The general aggregate **poverty statistics** for HRMC’s service market were lower than New Jersey and the United States in terms of percentage of families with an income falling below the poverty level and individuals whose income was below the poverty level. In the service market, 2.0% of families and 3.3% of individuals have income below the poverty level compared to 6.3% families and 8.5% of individuals statewide and 9.2% of families and 12.4% of individuals nationally.

D. EMPLOYMENT

The **employment status** of HRMC's service market represents a higher proportion of those 16 years and over in the labor force (71.4%) than the state and nation (64.2% and 63.9%, respectively). However, the distribution of workers within classifications of occupation and industry are similar to state and national percentages. The most notable difference was that 41.4% of employed service market residents were in management, professional, and related occupations, compared to the national figure of 33.6% within that occupation.

It is also interesting to note the differences among commutes to work. The mean travel time to work for HRMC's service market residents was 35.7 minutes which was almost six minutes longer than the state average (30 minutes) and over ten minutes longer than the national average (25.5 minutes). The service market also had a higher percentage of residents driving to work alone (82.8%) than New Jersey (73.0%) and the United States (75.7%). The percentage of service market residents that used public transportation (0.9%) was far less than the state (9.6%) and national (4.7%) figures.

E. EDUCATION

Regarding **education attainment**, HRMC's service market population had a higher percentage of high school graduates or higher (90.1%) than the state and national percentages (82.1% and 80.4%, respectively). The percentage of the service market's population with a bachelor's degree or higher (33.7%) was also greater than both state (29.8%) and national (24.4%) figures. This was interesting considering that the service market had a smaller percentage of its population enrolled in college or graduate school (17.9%) compared to New Jersey (21.2%) and the United States (22.8%).

III. GENERAL HEALTH

F. HEALTHY DAYS

The household survey asked respondents to recall how many days during the past 30 days their health was not good. There were two parts to this section; the first part concerns the **physical health** of the respondents over the past 30 days. Nearly two thirds of respondents (66.2%) reported no days during the past 30 days in which their physical health was not good. Both the New Jersey and National 2008 BRFSS studies had similar results (65.6% and 63.8%, respectively). Neither comparison was statistically significant. Similarly, there was no statistical significance found between the primary and secondary service markets for Hackettstown regarding days of poor physical health.

The second part of this section concerns the **mental health** of the respondents over the past 30 days. Almost three quarters (72.5%) of respondents reported zero days in the past 30 where their mental health was not good. This was significantly higher than the National comparison (65.9%) and similar to the state comparison (70.0%).

Respondents were also asked for how many days in the past 30 did poor physical or mental health keep you from doing your usual activities. The percentage of respondents answering “none” was similar for Hackettstown, the state, and the nation (62.8%, 60.7%, and 62.8%, respectively).

Respondents were also asked several specific questions regarding symptomatic constraints on life activities. For example, respondents were asked how many days in the past 30 has pain made it difficult to perform usual activities. The percentage of respondents reporting “no such days” is similar for both service markets (85.9% in the primary market, and 81.8% in the secondary market). It is worth noting that of the respondents that reported experiencing chronic pain, 35.0% were receiving treatment in the primary service market, and 48.0% were receiving treatment in the secondary service market.

DEMOGRAPHIC DIFFERENCE(S)

- Female respondents were more likely to report having days of poor mental health than Male respondents.
- Female respondents were more likely to receive treatment for their chronic pain than Males.
- Male respondents were more likely to not feel sad, blue, or depressed during the past 30 days than Females.
- Hispanic respondents were more likely to feel worried, tense, or anxious 15-30 of the past 30 days than White respondents.

Takeaways: General Health Status

- ❖ In general, the health status of HRMC service market residents is similar to that of New Jersey and the United States as a whole.
- ❖ Respondents from the Hackettstown service market were statistically more likely to report zero days of poor mental health in the past 30 compared to the nation.
- ❖ Chronic pain does not appear to be a concern in the service market; however women were more likely to seek treatment than men.
- ❖ A significantly larger proportion of respondents in the service market reported no days of feeling sad, blue, or depressed when compared to the nation. Conversely, a significantly smaller proportion of respondents reported no days of feeling worried, tense, or anxious than the nation.
- ❖ Female respondents were more likely to report having days of poor mental health than Males.
- ❖ Hispanic respondents were more likely to feel worried, tense, or anxious 15-30 days of the past 30 than White respondents.

G. WOMEN'S HEALTH

A focus group was conducted in the HRMC service market which concentrated on key issues of women's health perceived by area women. The most common issues the women spoke about were stress management, mental well being, and life balance. The participants mentioned that they do not have a lot of time for themselves as they are busy trying to maintain their household and families, which can lead to some of the issues mentioned earlier. When the women of the group were asked about their thoughts on women's health, two of the most prevalent concerns were breast cancer and pap tests.

Women in HRMC's service market had a very similar distribution to the state and nation regarding the time since their last clinical breast exam. This seems to be a general area of concern, as large majorities in both of the service markets had made it a point to have a breast exam within the last 2 years (88.4% in the primary service market and 88.0% in the secondary service market).

Similar to clinical breast exams, 66.7% of respondents reported having a mammogram in their life which was very close to the proportion found in the state and the United States (66.0% and 65.3%, respectively). However, Hackettstown respondents were significantly less likely to have received a mammogram within the past year compared to New Jersey and the United States.

According to the data, the female respondents age 50 and older are similar to the state and national statistics regarding mammograms, clinical breast exams, and Pap tests.

Prenatal Care/Pregnancy

According to the New Jersey Department of Health and Senior Services in 2005, prenatal care in the HRMC service market was much more common than across the state. Only 1.4% of all live births received late prenatal care, and 0.4% did not receive any prenatal care at all compared to New Jersey where 3.6% received late care and 1.1% did not receive care at all. Despite these differences, the proportion of live births with either low or very low birth weights was similar between HRMC and the state. It is interesting to note that the percentage of mothers in the HRMC service market that were married when giving birth was notably different from New Jersey (86.3% compared to 65.9%). Even though mothers in the HRMC service market were receiving the proper prenatal care and were more than likely married, the chances of having a child with low birth weight did not differ from the state, which did not have as much prevalence in prenatal care and marriage.

One of the possible reasons for this could be related to the habits of the mother during pregnancy. In 2005, 90.5% of pregnant women reported they did not use tobacco, which was slightly higher than the state at 88.0%; however, only 7.3% of mothers in New Jersey reported using tobacco during pregnancy, while 8.4% of the HRMC service market reported tobacco use (7.5% in the primary service market and 11.8% in the secondary service market).

In addition, alcohol and drug use could also be causing problems during pregnancy. However, further investigation reveals that this is most likely not the case. In 2005, a staggering 97.9% of mothers from the HRMC service market reported not using alcohol during pregnancy compared to New Jersey at 94.3%. The last point in question then would be drug use. Again, an overwhelming majority of expecting mothers (98.6%) decided against drug use while the state only had 93.9% of mothers report no drug use.

Takeaways: Women's Health

- ❖ Women in the service market appear to be adamant about staying current with preventative examinations as large proportions of them have been examined within the past year.
- ❖ Women in the service market were more likely to take advantage of prenatal care during pregnancy, as well as practicing good health by not smoking, drinking, or abusing drugs during pregnancy.
- ❖ The focus groups revealed that the women in the HRMC service market are not as confident in the health care professionals as they would like to be when it comes to treatment and educational practices.

Note: No statistically significant demographic differences exist pertaining to Women's Health.

H. MEN'S HEALTH

A focus group was also conducted in the HRMC primary service market which concentrated on key issues in men's health perceived by area men. The common definition of men's health focused thoughts on not only living long, but living with a good quality of life. The men expressed concerns about exercise, diabetes, cancer, weight problems, cholesterol, blood pressure, arthritis and prostate health. Despite their concerns, some of the men did not see the purpose of a physical if they felt like they were in good health. Stress was well managed through activities and therefore not a concern.

Another common theme within the group was avoidance of going to the doctor for fear that there would be something seriously wrong with them. There was also hesitation to seek medical care because they believe that doctors are too quick to "hang their hat" on the most popular diagnosis, instead of digging deeper into a health issue to discover the real problem. Since it was difficult for them to find a doctor willing to go beyond just repeating medical journals, or what the pharmaceutical companies tell them, the men had taken it upon themselves to research by means of the internet, the Hackettstown Medical Bulletin, and a variety of other sources.

Men in HRMC's service market had a very similar distribution to the state and nation regarding the time since their last Prostate-Specific Antigen test. This seems to be a general area of concern, as large majorities in both of the service markets have made it a point to have a Prostate-Specific Antigen test within the previous 2 years (89.1% in the primary service market and 93.9% in the secondary service market). The primary and secondary service markets also had a similar distribution regarding the time since their last digital rectal exam, which also represents a large majority receiving an exam within the previous two years (79.2% in the primary service market and 79.6% in the secondary service market). The percentage of HRMC's service market men receiving a digital rectal exam within the previous year (65.8%) was higher than the state (57.2%) and significantly higher than the national figure (54.4%). While all but one man from the focus group had PSA tests, they were still confused over what is recommended, and uncertain if they should have a blood test every year, or if the digital exam is necessary as well.

Takeaways: Men's Health

- ❖ The men of the HRMC service market expressed concern over the motivations and practices of the local health professionals.
- ❖ Based on the 2008 BRFSS, men of the service market seem to be proactive when it comes to health screenings and taking preventative measures in regards to serious illnesses.

Note: No statistically significant demographic differences exist pertaining to Men's Health.

I. MENTAL HEALTH

Anxiety and Depression

Respondents were asked how many days they had felt sad, blue, or depressed during the previous 30 days. Slightly more than two-thirds (68.9%) of the respondents that stated there were no such days, which was significantly higher than the national figure (60.7%). Respondents were then asked how many days they had felt worried, tense, or anxious during the previous 30 days. For this question, over one-third (38.8%) of the respondents stated that there were no such days. Unlike the previous question, this percentage was significantly lower than the national figure (47.4%). There was no significant difference between responses from the primary and secondary service markets. The same was true regarding how many days a mental health condition or emotional problem kept the respondent from doing work or other usual activities during the previous 30 days. As a whole, 94.2% of HRMC's service market population reported no such days which was similar to the percentages from the primary (94.8%) and secondary (92.3%) service markets.

Suicide

HRMC's service market had a similar suicide rate to that of New Jersey in 2005. Suicide accounted for 0.8% of the deaths within the service market, compared to 0.7% in the state. The primary and secondary service markets also had similar suicide rates of 0.8% and 0.9%, respectively.

Takeaways: Mental Health

- ❖ When it comes to days feeling sad blue or depressed, the service market fared significantly better than the nation.
- ❖ Regarding days feeling worried, tense, or anxious, the service market had a significantly smaller proportion of respondents reporting no days when compared to the nation.

Note: No statistically significant demographic differences exist pertaining to Mental Health.

IV. HEALTH DETERMINANTS

J. HEALTH CARE ACCESS

A statistically larger proportion of the HRMC service market respondents reported having some kind of health care coverage (92.1%) than New Jersey (86.2%) and the nation (84.8%). The percentage of respondents in the primary service market with some kind of health care coverage (92.8%) was significantly larger than the percentage of respondents in the secondary service market with some kind of health care coverage (85.9%).

The respondents were then asked whether they have one person they consider as their personal doctor. A significantly larger proportion of respondents (14.9%) from Hackettstown reported having more than one health care provider when compared to the state (8.3%) and the nation (7.4%). There were no statistical differences between the primary and secondary service markets.

Next the respondents were asked whether there was a time in the past 12 months where they needed to see a doctor but could not due to cost. A significantly smaller proportion of respondents from Hackettstown (8.9%) reported not being able to see a doctor due to cost when compared to the state (13.7%) and the nation (14.1%). There were no statistical differences between the service markets concerning the inability to see a doctor due to cost.

Respondents were asked when they last saw a doctor for a routine check up. Almost two thirds (66.1%) of respondents reported seeing a doctor for a routine check up in the last year which was a significantly smaller proportion than New Jersey (76.4%) but similar to the nation (68.4%). The proportion of respondents that reported seeing a doctor for a routine check up between one and two years ago is significantly higher for Hackettstown (20.8%) than the state (12.4%) and the nation (13.7%). The primary service market respondents were more likely to have seen a doctor for a routine check up in the past year (67.0%) than the secondary service market respondents (64.6%).

DEMOGRAPHIC DIFFERENCE(S)

- Female respondents are more likely to think of only one person as their personal doctor compared to Male respondents.
- Compared to Male respondents, Female respondents are more likely to have needed to see a doctor in the past 12 months but were unable to due to cost.
- Asian respondents were statistically less likely to have any kind of health care coverage than White respondents.
- When compared to White respondents, Hispanic respondents are significantly more likely to have needed to see a doctor but been unable to due to cost.
- White respondents are also more likely to have had a routine check up within the last year than Hispanic respondents.

Takeaways: Access to Care

- ❖ The overall proportion insured in the HRMC service market is significantly above both the state and national figures.
- ❖ The proportion of insured individuals in the primary service market is significantly larger than that of the secondary service market.
- ❖ Nearly 15% of respondents think of more than one person as their health care provider compared to the state at 8.3% and the nation at 7.4%.
- ❖ Respondents from Hackettstown are less likely to be unable to see a doctor due to cost when compared to both the state and nation.
- ❖ Hispanics in the service market are less likely to have seen a doctor in the past year compared to White respondents. Hispanics are also more likely than Whites to have needed to see a doctor but were unable to due to cost.

K. CARDIOVASCULAR DISEASE

Heart Disease is the leading cause of death in the United States, responsible for 26.5% of deaths in 2005. It is also the leading cause of death in New Jersey (28.7% in 2005) and in the HRMC's service market (30.8% in 2005). The primary and secondary service markets' percentages were similar to each other at 31.4% and 29.3%, respectively.

Respondents from HRMC's service market were asked if they had ever been told by a doctor, nurse, or other health professional that they had angina or coronary heart disease and 3.4% had. This was similar to both state (4.2%) and national (4.4%) figures. The percentages were also similar between the primary service market (3.2%) and the secondary service market (4.8%)

Heart Attack and Stroke

Respondents from HRMC's service market were asked if they had ever been told by a doctor, nurse, or other health professional that they had a heart attack and 3.3% responded "yes". This was similar to both state (4.2%) and national (4.3%) figures. The percentages are also similar between the primary service market (3.5%) and the secondary service market (3.0%). It is interesting to note that these figures were similar to the heart disease percentages presented in the previous section. The respondents were also asked if they knew the symptoms of a heart attack and 91.8% responded that they did.

In 2005, the third leading cause of death in both the United States and New Jersey was stroke, responsible for 5.9% of deaths across the nation and 5.0% of deaths within New Jersey. Stroke was the fourth leading cause of death within the HRMC's service market behind cancer and chronic lower respiratory diseases. However, the percentage of deaths due to stroke (5.1% in 2005) was similar to both state and national figures. It is interesting to note the difference of two percentage points between the figures representative of percentage of deaths within the primary service market (5.6% in 2005) and the secondary service market (3.6% in 2005).

Respondents from HRMC's service market were asked if they had ever been told by a doctor, nurse, or other health professional that they had a stroke and 1.5% responded yes. This is similar to both national (2.7%) and state (2.3%) figures. The percentages for both the primary and the secondary service markets are the same (1.5%). Respondents from HRMC's service market were asked if they knew the symptoms of a stroke and 75.7% responded that they did.

Surprisingly, there is a large difference among responses for the questions regarding knowledge of the symptoms of a heart attack and stroke. The difference between percentages representing those who knew the symptoms was 16.1%, in favor of heart attack.

Hypertension Awareness

Respondents from HRMC's service market were asked if they had ever been told by a doctor, nurse, or other health professional that they have high blood pressure and 69.6% answered "no". The distribution of yes/no responses was similar for the primary and secondary service markets. Of the 27.1% of respondents that answered "yes", 69.8% were currently taking medicine for their high blood pressure. When it comes to medication, 66.8% of respondents in the primary service market with high blood pressure were currently taking medicine to help the condition, compared to 80.0% within the secondary service market. Of the respondents within the secondary service market who have high blood pressure and were not currently taking medicine, 62.8% responded that they are not currently taking medicine because their doctor did not order it, compared to 38.0% within the primary service market. Over 50% of HRMC service market respondents who have high blood pressure and were not currently taking medicine responded that they were not taking the medication because of reasons other than the doctor's order and price of the prescription. A majority of those other reasons were because their blood pressure had gotten better or lowered through diet and/or exercise.

Cholesterol Awareness

Respondents were asked how long it had been since their last blood cholesterol check. A large majority (86.6%) had made it a point to get their blood cholesterol checked within the previous two years. The figure was similar within the primary service market (86.8%) but it is interesting to note the difference of the percentage within the secondary service market (82.7%). In fact, the percentage of respondents within the primary service market that had their blood cholesterol checked within the previous year (69.3%) was significantly higher than that of the secondary service market (57.4%). Overall, 66.5% of respondents have never been told by a doctor, nurse, or other health care professional that their blood cholesterol is high.

DEMOGRAPHIC DIFFERENCE(S)

Heart Attack and Stroke

- White respondents are more likely to know the symptoms of a heart attack than Hispanic respondents.
- Male respondents are more likely to have had a heart attack than Female respondents.
- Female respondents are more likely to know the symptoms of a stroke than Male respondents.
- Respondents indicating they are some other race are more likely to have had a stroke than White respondents.

Hypertension Awareness

- Male respondents are more likely to have been told they have high blood pressure than Female respondents.
- Black or African American respondents are more likely to have been told they have borderline high blood pressure or are pre-hypertensive than White respondents.

Cholesterol Awareness

- White respondents are more likely to have had their blood cholesterol checked within the past year than Asian respondents.

Takeaways: Cardiovascular Disease

- ❖ Residents of the HRMC service market seem to be aware of the symptoms of a heart attack, but a much smaller portion are informed about the symptoms of a stroke.
- ❖ The general concern for good health is noticeable within the service market as large majorities of respondents take preventative measures such as education and screenings.

L. DIABETES

Diabetes was one of the top ten leading causes of death in the United States in 2005, responsible for 3.1% of deaths. It was also a leading cause of death in New Jersey (3.6% in 2005) and in the HRMC's service market (2.4% in 2005). It is interesting to note the difference of nearly three percentage points between the figures representative of percentage of deaths within the primary service market (1.7% in 2005) and the secondary service market (4.5% in 2005).

Respondents of the household survey were asked a few questions regarding diabetes. The first question asked was whether a member of the respondents household had diabetes. Nearly one fifth (19.5%) of respondents from the secondary service market reported a member of their household as being diabetic, compared to 14.0% of respondents from the primary service market.

Finally, a focus group was also conducted with residents of the HRMC service market with 10 adults that had diabetes. The participants noted that when finding out they had diabetes they were sent to a nutritionist, but did not receive information on where to go for further education or emotional support. Nearly all of the participants take medication to manage their diabetes, which was not the preference of the group. Many of the participants used the internet as a tool to better educate themselves and learn how to treat diabetes using methods other than pharmaceutical treatment. One of the most common complaints from the group was a lack of endocrinologists. There was concern that the area physicians were not as up to date as they should be on more current treatments and practices with diabetes, and information about diabetes in general. Another common concern among the group was a lack of supplies or an inability to get the supplies they need to test themselves and properly treat their diabetes due to a lack of funds or coverage from their health insurance. The group also mentioned there was a lack of education about preventing diabetes. They felt that more education would allow people get into the right mindset and practice healthier living earlier in life.

DEMOGRAPHIC DIFFERENCE(S)

- Asian respondents were more likely than White respondents to be told they have diabetes but only during pregnancy.

Takeaways: Diabetes

- ❖ There was a common concern about the lack of an endocrinologist within the service market among the participants of a focus group concerning diabetes.
- ❖ The participants also have a feeling that the area physicians are not fully up to date on current practices and ideas about diabetes.

M. WEIGHT AND EXERCISE

Weight

Regarding the weight of household survey respondents, a Body Mass Index (BMI) was calculated and compared to the state and national BMI numbers. The comparisons are displayed in Figure M1.

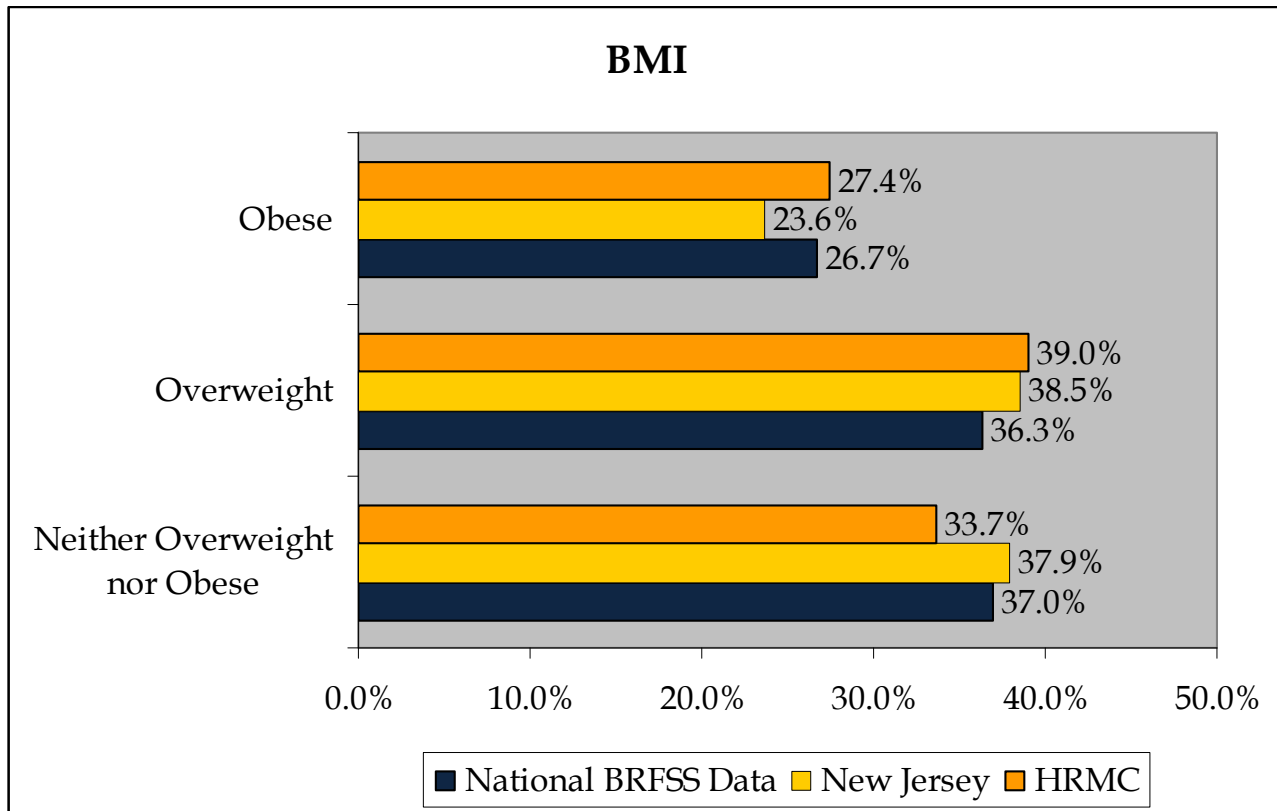


Figure M1: Body Mass Index (BMI) distribution for the United States, New Jersey, and HRMC

While no statistically significant differences were present, Hackettstown had a larger proportion of obese and overweight residents when compared to both the state and nation. The primary service market had a larger proportion of its population as being overweight compared to the secondary service market. Conversely, the primary service market had a smaller proportion of its population being obese compared to the secondary service market.

During the men's focus group, the topic of diet and healthy eating habits was discussed. The men in the group said that they made a concerted effort to eat right but all of the men mentioned they have a tendency to overeat. One of the biggest problems expressed by the men was ending up in the wrong environment, such as fast food

restaurants. One of the participants was quoted “Eating healthy is more expensive than eating processed food.”

Exercise

Over three quarters (75.9%) of respondents from Hackettstown said that they had participated in physical activity or exercise in the past month compared to New Jersey (73.1%) and the United States (74.5%). The primary service market respondents were more likely to have physical activity outside of work than the secondary service market respondents (76.9% compared to 72.6%).

In the women’s focus group, participants were offered the opportunity to comment on their exercise habits. The women expressed a desire to exercise more and take better care of themselves, but due to family obligations, they had an insufficient amount of time to do so. In general the women of the group reported they exercise when they can and watch what they consume. A common exercise that was mentioned among the women was walking with friends/neighbors. In the men’s group, the men also expressed a desire to exercise, but rather than giving reasons for not exercising like the women did, they attributed the lack of exercise to a lack of motivation. They mentioned trying to lightly exercise each day, performing activities such as walking, bike riding and light weight lifting.

DEMOGRAPHIC DIFFERENCE(S)

Weight

- Male respondents were more likely to be overweight than Female respondents.
- Female respondents were more likely to be neither overweight nor obese compared to Male respondents.

Exercise

- Male respondents were more likely to participate in physical activity or exercise outside of work than Female respondents.

Takeaways: Weight, Sleep, and Exercise

- ❖ Weight is currently not statistically different from the state and nation but could be a problem in the near future after examining the percentages in Figure M1.
- ❖ Hackettstown respondents replied similarly to the state and nation when considering whether or not they participate in physical activity outside of work.
- ❖ The primary service market respondents in general have a higher level of activity outside of work than the secondary service market respondents.

N. ORAL HEALTH

Respondents of the household survey were asked how long it has been since their last visit to see a dentist. A significantly larger proportion of respondents from Hackettstown (80.4%) have visited a dentist within the past year compared to New Jersey (73.8%) and the nation (68.5%). The primary and secondary markets answered this question very similarly; however, the secondary market had only 77.2% of respondents visit a dentist in the past year compared to the 81.3% from the primary market. The primary and secondary markets have a similar amount of respondents that said they needed to see a dentist in the past 12 months but were unable to due to cost.

DEMOGRAPHIC DIFFERENCE(S)

- White respondents were more likely to have seen a dentist in the past year than Asian respondents.
- Black respondents were more likely to have seen a dentist between 2 and 5 years ago than White respondents.
- Respondents identifying themselves as some other race were more likely to have never seen a dentist than White respondents.
- Hispanic respondents were more likely to have needed to see a dentist in the past 12 months, but could not due to cost when compared to White respondents.

Takeaways: Oral Health

- ❖ The proportion of respondents stating that they had visited a dentist for any reason within the past year was significantly higher than the national and state proportions.
- ❖ Hispanic respondents were less likely than White respondents to have seen a dentist in the past year due to cost.

O. ASTHMA

Respondents were asked if a health professional had ever told them they had asthma. While Hackettstown had a larger proportion than both state and national figures (15.9% compared to 12.8% and 13.3%, respectively), there was no significant differences between these proportions. The proportion of respondents who have been told they have asthma is much smaller in the secondary service market compared to the primary service market (12.0% compared to 16.6%), but the finding was not significant.

The respondents who said they had been told they have asthma were then asked if they still had asthma. Over half of the respondents (53.7%) said they no longer had asthma which was significantly higher than both the state and national comparisons (30.7% and 34.8%). When looking at the service markets, no significant differences exist, but the primary service market had 57.7% of respondents say they no longer had asthma compared to 25.1% of respondents from the secondary service market.

Takeaways: Asthma

- ❖ Hackettstown has a larger proportion of respondents with asthma, but no significant differences exist between state and national comparisons, or within the service markets.
- ❖ A significantly large proportion of Hackettstown respondents no longer have asthma when compared to the state and national figures.

Note: No statistically significant demographic differences exist pertaining to asthma.

P. IMMUNIZATION

According to the New Jersey Department of Health and Senior Services, in 2005 the HRMC service market as a whole had the same proportion of deaths due to Influenza/Pneumonia as the nation (2.6%) and was slightly higher than New Jersey (2.3%); however, the primary service market had a higher proportion of deaths than the secondary market (3.0% compared to 1.4%).

Disease prevention in the form of immunization was determined using two questions. The first question asked respondents about flu immunizations. A significantly larger proportion of respondents reported having received either a flu shot or vaccination in the past year when compared to state and national figures (44.4% compared to 34.8% and 36.1%, respectively). The second question inquired about pneumonia immunizations. Respondents from the HRMC service market were significantly more likely to have had a pneumonia immunization than other residents of New Jersey (27.5% of respondents compared to 24.0%). The primary and secondary service markets had very similar figures concerning immunization for both the flu and pneumonia.

DEMOGRAPHIC DIFFERENCE(S)

- Male respondents were more likely to receive a pneumonia shot in their life than Female respondents.

Takeaways: Immunization

- ❖ Immunization in the HRMC service market appears to be a strength compared to the state and nation.

Q. TOBACCO

A large majority of respondents (88.1%) reported that they are non smokers, 1.9% reported smoking some days, and 10.0% reported they smoke every day. The proportions of smokers (those that smoke every day) and non smokers was very similar in both of the service markets, but the proportion of respondents who smoke some days was significantly larger for the secondary service market when compared to the primary service market (6.4% compared to 0.8%). The household survey then asked smokers if they had tried quitting in the past 12 months. Over half of smokers (57.0%) reported that they attempted to quit, which was not significantly different from the state and national comparisons. When looking at the respondents from each service market, 63.5% of respondents from the primary service market had attempted to quit compared to the 41.0% of respondents from the secondary service market. Even though this is a large gap, the finding was not significant most likely due to a small response size.

Finally, respondents were asked how often they used chewing tobacco, snuff, or snus. A staggering amount of respondents (99.2%) replied no use at all of these products, which was significantly larger than the United States comparison (79.6%).

Takeaways: Tobacco

- ❖ There were a significantly larger proportion of occasional smokers in the secondary service market when compared to the primary service market.
- ❖ Nearly all of the respondents in the HRMC service market avoid use of chewing tobacco, snuff and snus.

Note: No statistically significant demographic differences exist pertaining to Tobacco.

R. ALCOHOL CONSUMPTION

The participants of the men's focus group touched on the topic of alcohol and almost all of the men were in agreement with their reasoning for drinking: stress relief and an enjoyable taste.

Respondents were asked if they drank at least one alcoholic beverage in the past 30 days. Nearly three quarters (71.3%) of respondents reported that they had indulged themselves with an alcoholic beverage in the past month which was a significantly larger proportion when compared to New Jersey and the United States (57.6% and 51.9%, respectively). Then the respondents were asked how often in the past 30 days they drank. A significantly larger proportion of respondents from the primary service market reported having no drinks in the past 30 days when compared to the secondary service market (17.4% compared to 31.5%).

The secondary data profile investigated statistics regarding substance abuse admissions within the primary and secondary service markets. In 2008, 41.9% of admissions into rehabilitation facilities in the secondary service market were for alcohol related reasons. Similarly, alcohol accounted for 39.4% of admissions in the primary service market.

DEMOGRAPHIC DIFFERENCE(S)

- Female respondents were more likely to have less than one drink per week when compared to Males.

Takeaways: Alcohol Consumption

- ❖ A large proportion of respondents in the service market had at least one drink in the past 30 days.
- ❖ Respondents in the primary service market were significantly more likely to have no drinks in the past 30 days when compared to the secondary service market.
- ❖ The percentage of admissions that were alcohol related was similar for both service markets.

S. ADDITIONAL WELLNESS TOPICS

Eye Care

Respondents were asked when they were last examined by an eye care provider or doctor. A similar percentage of respondents had their eyes examined within the last year to the nation. However, a significantly larger percentage of respondents had seen a doctor one to two years ago (22.7%) compared to the United States (16.5%). While it was not statistically different, it is worth mentioning that only 15.2% of the respondents had seen a doctor two or more years ago, compared to 20.3% of the nation.

Care giving

In the HRMC service market, 9.0% of respondents reported they provide regular care for a friend or family member with a health problem, long term illness, or disability. Of those providing care, a significantly larger proportion of the secondary service market were providing care for someone ages 50-59 compared to the primary service market at 5.0%. When asked what the medical condition of the person they cared for was, 15.8% of respondents reported providing care for someone with Diabetes, the second most common response (the first was “other” which includes a variety of different reasons).

Reactions to Race

Respondents were asked whether their health care seeking experiences within the past 12 months have been worse than, the same as, or better than what they are for other races; 88.8% of respondents stated that such experiences were the same for them as people of other races which was significantly higher than the national figure of 84.4%.

Sleep

The household survey asked respondents how many hours they slept on average in a 24 hour period. No statistically significant differences were seen between the service markets, but there were some differences worth mentioning. The secondary service market respondents were more likely to receive eight hours of sleep on average than the primary service market. Similarly, the secondary service market is much less likely to get 5 or fewer hours of sleep when compared to the primary service market. Respondents were also asked whether or not they snored. Respondents from the secondary service market were more likely to say that they snored (57.0%) than the primary service market (49.9%).

Most of the men's focus group participants had been told by their wives that they snored. Some of the men have taken measures to help stop the snoring, such as vaporizers, breathe right strips, and sleeping on their side. The main concern for the men around snoring was having sleep apnea. They also spoke of the over abundance of advertisements about sleep apnea and expressed concern that doctors over diagnose the problem in order to "push pills".

General Preparedness

Over 50% of respondents felt they were "somewhat prepared" should a large-scale disaster or emergency take place, which was similar to the United States. Respondents were then asked what their main method of communication would be should a large-scale disaster or emergency take place and a significantly larger percentage (75.5%) reported cell phones would be their main source of communication compared to the nation (70.1%).

DEMOGRAPHIC DIFFERENCE(S)

Eye Care

- Asian respondents were more likely to never have had their eyes examined when compared to White respondents.

Care giving

- Female respondents were more likely to be a caregiver than Male respondents.

Reactions to Race

- Hispanic and Black or African American respondents were more likely to feel their experiences seeking health care were worse than other races when compared to White respondents.

Sleep

- Females were more likely to sleep an average of 9-10 hours per day than Males.
- Male respondents were more likely to snore.
- Asian respondents were significantly more likely to sleep 9-10 hours per day than White respondents.
- Black respondents were more likely to sleep 10 or more hours per day than White respondents.

General Preparedness

- Male respondents were more likely to feel their household is well prepared to handle a large-scale disaster or emergency than Female respondents.
- Hispanic respondents were more likely to feel their household is not at all prepared when compared to White people.

Takeaways: Additional Wellness Topics

- ❖ Respondents from the HRMC service market showed similar concerns for their eyes as the rest of the nation.
- ❖ Nearly 10% of respondents are taking care of someone else that has an illness or disability, with the most common reason being Diabetes.
- ❖ Some Hispanic and Black or African American respondents still feel some discrimination in regards to seeking health care.
- ❖ The secondary service market seems to get more sleep on average than the primary service market.

T. SOCIAL CONTEXT

Respondents were asked to rate their confidence in a few of the services provided by HRMC on a scale of 1-5 with 1 being “Not at all confident” and 5 being “Extremely confident”.

Inpatient Services

A significantly larger proportion of respondents from the secondary service market, 50.6%, reported they felt “extremely confident” compared to 26.2% of the primary service market. It then follows that there was a significant difference in the respondents that reported they felt “very confident” between the service markets (33.3% of primary service market respondents compared to 19.0% of secondary service market respondents).


Emergency Department

Again there was a significant difference between the percentages of respondents in the secondary service market responding they felt “extremely confident” (50.0%) when compared to the primary service market (30.0%).

Outpatient Services

Much like the Inpatient Services and the Emergency Department, the proportion of respondents from the secondary service market that rated their confidence in the Outpatient Services as being “extremely confident” (56.3%) was significantly larger than the respondents from the primary service market (37.9%).

Discussions in the focus groups were rounded out with questions that centered on HRMC. There were varying viewpoints between the three focus groups in this regard.



In the women's focus group, each of the participants had been to the HRMC at some point for varying reasons including: maternity care, testing, or ER. There were several mentions of noticeable improvement over the past few years at the hospital. One woman was quoted as saying "Hackettstown has definitely come a long way in recent years. You can tell they are working hard to improve things." Although the women noted considerable improvement at the HRMC, they also talked about long wait times being a deterrent from receiving more regular preventative check ups and screenings. The women in the focus group made a suggestion of hosting a women's health fair to help educate the women in the area and offer them the ability to find out about new products in the medical field that might be beneficial to them.

There were also mentions of concern about a lack of staff within the ER, with weekends being the time when it was most obvious the ER was understaffed. They also mentioned the waiting room in the ER being small, lacking volunteers to help keep spirits high, and a difficulty dealing with their children in the waiting room (nothing to keep the kids occupied). The perception of the staff in general is friendly and helpful, just stretched thin. In general, the women see trends in improvement in quality of care and hope to continue seeing improvements.

The men's focus group had some different input and suggestions regarding HRMC. All of the feedback gathered initially was positive. One man mentioned that the hospital has made drastic changes for the better in the past 30 years. One of the men that had been to the hospital recently prior to the focus group mentioned that the room nurses appear to be stressed out, possibly due to an overload of work. One of the participants had an issue with his insurance company as well as the hospital years ago and decided to switch to St. Clare's hospital from that point forward. The general perception of the staff among the men was friendliness, caring, and professional.

Finally, the Diabetes focus group participants were also asked about HRMC. Within this group, 70% of the participants had been to the HRMC at some point for several different reasons. The feedback was very positive and filled with good experiences with the staff. The participants noted calming music and mentioned the renovated outpatient wing was very welcoming. There was one area of concern within this group regarding the availability of an Endocrinologist practice. The group mentioned that the area was lacking sufficient Endocrinologists and could benefit greatly if a practice opened.

DEMOGRAPHIC DIFFERENCE(S)

- Black or African American respondents were more likely to rate their confidence in the Inpatient Services, Outpatient Services, and Emergency Department as being “Not at all confident” than White respondents.
- Female respondents were more likely to respond they are “Very confident” in the Outpatient Services than Male respondents.

Takeaways: Social Context

- ❖ In general, confidence is very high when it comes to the HRMC. Even more so for the secondary service market when compared to the primary service market.

V. PRIORITIZATION OF NEEDS

BACKGROUND

On June 21, 2011, approximately 25 leaders from Hackettstown Regional Medical Center, community agencies, and area healthcare and social service organizations, gathered to review the results of the recently completed Community Health Needs Assessment. The goal of the meeting was to discuss and prioritize key findings and to begin initial development of a Community Health Implementation Plan. A total of 25 individuals attended the Prioritization session. These individuals included:

Jason Coe	President, Hackettstown Regional Medical Center
Ken Janowski, MD	Chief Medical Officer, HRMC
Linda Ries,	Chief Nursing Officer
Tracy Heimbach,	Administrative Director, HRMC
Judith Wiegand	Executive Director, HRMC
Maria Chervenak	Manager, Center for Healthier Living, HRMC
Susan Frost	Manager, Marketing and Public Relations, HRMC
Diane Wheeler	Manager, Care Management, HRMC
Joan Moskowitz	Coordinator, HealthLink, HRMC
Donna Kendrick	Manager, Education, HRMC
Adrienne Werner	Financial Counselor
Pete Summers	Warren County Health Department
Susan Lennon	Warren County Agency on Aging and Disability
Cathy Shane	Karen Ann Quinlan Home Care
Jim Erdman	Hackettstown Police Department
Robert Gratz	Superintendent, Hackettstown Public Schools
Isabel DeSouza	Colonial Manor, Senior Living
Jackie Schwier	Domestic Abuse and Sexual Assault
Rich McDonnell	Family Guidance Center
Sarah Brelvi	United Way of Northern NJ
Norman Worth	WRNJ Radio
Shawn Buskirk	Warren County Dept. Human Services
Darrin Adams	Karen Ann Quinlan Hospice
Eva Turbiner	Zufall Federally Qualified Health Center

DISCUSSION OF COMMUNITY ISSUES

Following an overview of the Secondary Data Profile, Household Survey, and Focus Group feedback, participants were asked to share openly what they perceived to be the needs and areas of opportunity in the hospital service area. The following list is the master list of community needs that was developed by the group (in no particular order):

- Lack of understanding regarding preventive screenings (associated lower rates of recommended screenings)
- Too little availability and accessibility of free/reduced dental care
- Transportation barriers
- Lack of coordination of messages across providers (having a “home base” for health information and education)
- Chronic disease management (coordination of care across providers for those with chronic diseases)
- Access to primary care providers (hours of operation, number of available providers)
- Uncoordinated care across providers (for non-chronic conditions)
- Healthy living/lifestyle challenges
- Limited substance abuse treatment and resources (also noting comorbidity with mental health issues)
- Prominent mental health issues (noting connection between physical and mental well-being)
- Challenge of disengaged health consumers
- Elder abuse

PRIORITIZATION OF COMMUNITY ISSUES

Once the master list was compiled, participants were then asked to rate each need based on two criteria. The two criteria included seriousness and ability to impact the issue. Respondents were asked to rate each issue on a 1 (not at all serious; no ability to impact) through 5 (very serious; great ability to impact) scale. The ratings were gathered instantly and anonymously through an audience response system. Each attendee received a keypad to register their vote. The following tables reveal the results of the voting exercise.

Table A

Issue/Need	Average seriousness rating (1=not at all serious; 5= very serious)
<i>Seriousness of the issue</i>	
Chronic disease management	4.65
Healthy lifestyle/living issues	4.43
Lack of coordination of healthcare messages	4.35
Transportation barriers	4.26
Availability of substance abuse treatment/resources	4.22
Mental health issues	4.22
Preventive screenings	4.17
Free/reduced dental care	4.09
Uncoordinated care across providers	4.04
Access to primary care providers	3.78
Disengaged healthcare consumers	3.70
Elder abuse	3.48

Table B

Issue/Need	Average ability to impact rating (1=no ability to impact; 5=great ability to impact)
<i>In order of seriousness rating</i>	
Chronic disease management	3.83
Healthy lifestyle/living challenges	3.39
Lack of coordination of healthcare messages	4.17
Transportation barriers	2.83
Availability of substance abuse treatment/resources	3.04
Mental health issues	3.13
Preventive screenings	4.00
Free/reduced dental care	3.26
Access to primary care providers	2.96
Uncoordinated care across providers	3.00
Disengaged healthcare consumers	3.13
Elder abuse	3.04

Table B details the attendees' ratings for the ability to impact each respective community need. These issues are listed from high-to-low, in the order of the "seriousness" rating that was garnered. For example, "Chronic disease management" received the highest seriousness rating, but its rating for "ability to impact" was slightly lower, ranking third highest.



PRIORITIZED COMMUNITY HEALTH NEEDS

The five issues that received both highest ratings for seriousness and highest ability to impact ratings include:

1. Lack of coordination of healthcare messages
2. Prevention screenings
3. Chronic disease management
4. Healthy lifestyle/living challenges
5. Mental health issues

NEXT STEPS & EXISTING COMMUNITY RESOURCES

Hackettstown Regional Medical Center will create a community health implementation plan based on research findings from the Community Health Needs Assessment and community input given during the Prioritization Session.

A list of existing resources in the community that could play a role in meeting community health needs is included below:

- Warren County Health Department
- Warren County Public Health Nursing Agency
- Mt. Olive Health Department
- Hackettstown Regional Medical Center Staff